

This portion MUST be returned with your payment to ensure proper credit. THANK YOU

ACCOUNT BILLED
NORTHSHORE LIMITED PARTNERSHIP

PROJECT NAME
NORTHSHORE NATURAL PROCESSING

PROJECT ID
M030037

DUE DATE	ANNUAL FEE
07/28/2000	\$ 350

AMOUNT DUE
\$ 350

<input type="checkbox"/> FEE NOT ENCLOSED
Permittee requests an inspection to close out this permit.

TAX ID OR SOCIAL SECURITY #

DIVISION OF OIL GAS AND MINING
1594 WEST NORTH TEMPLE SUITE 1210
PO BOX 145801
SALT LAKE CITY UT 84114-5801

Change of Address	
Contact	_____
Address	_____
_____	_____
_____	_____
State	Zip
Phone	_____

Please make check payable to:
Division of Oil, Gas and Mining